



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION
(603) – 420 – 1730
ELECTRICAL PERMIT
COMMERCIAL ONLY
BLD – FRM- 007

Tax Map Parcel _____	
Permit Fee: _____	
Total \$ _____	
<input type="checkbox"/> Paid with Permit	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	
<u>Official Use Only</u>	

Location: _____		Owner: _____	Phone # _____
Existing Service Amps _____	Applicant: _____		PSNH Job # _____

Description of Work ☐ Commercial ☐ Mercantile ☐ Industrial ☐ Assembly ☐ Other

☐ See attached Documents/ Plans

									Fees	
Service Main	<input type="checkbox"/>		Amp	Upgrade	<input type="checkbox"/>		Amp	New Meter	<input type="checkbox"/>	
Overhead	<input type="checkbox"/>		Amp	Underground	<input type="checkbox"/>		Amp	Transformer	<input type="checkbox"/>	
Other	<input type="checkbox"/>									
Specific Appliance			List all that apply							
Interior		#	EA			#	EA		#	EA
Outlets	<input type="checkbox"/>									
Remote Panels	<input type="checkbox"/>									
Generator	<input type="checkbox"/>									
Exterior										
Outlets	<input type="checkbox"/>									
Signs	<input type="checkbox"/>									
Other: (List)										
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>							Totals		
								Fee		

Rough Inspection prior to concealment, visible grounding connected. Final Inspection when All Devices are connected, Fixtures are energized, Panel labeled, Work must be completed before occupancy.

***** Min 24 HR Notice is Required For Inspections *****

*** Proof of current Master license required, provide a copy**

☐ I CERTIFY THAT I HAVE AUTHORIZATION FROM THE OWNER OF THE PROPERTY LISTED ABOVE AND WILL BE INSTALLING THE WIRING IN ACCORDANCE TO THE STATE OF NH ADOPTED BUILDING CODES AND TOWN REGULATIONS.

Signature of Applicant

_____ Electrician Name (Print)	_____ Master Lic. #
_____ Signature of Electrician	_____ Date
_____ Address	_____ Phone
_____ City	_____ ST Zip

Approved By: _____
Authorized Signature Date